Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	TN4712	A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	03/25/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SERENE MANOR MEDICAL CTR.	970 WRAY ST KNOXVILLE, TN 37917

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 848	1200-8-6-.08 (18) Building Standards (18) It shall be demonstrated through the submission of plans and specifications that in each nursing home a negative air pressure shall be maintained in the soiled utility area, toilet room, janitor ' s closet, dishwashing and other such soiled spaces, and a positive air pressure shall be maintained in all clean areas including, but not limited to, clean linen rooms and clean utility rooms. This Rule is not met as evidenced by: Based on observation, it was determined that the facility failed to arrange and maintain the overall nursing home environment. The findings include: Observation on March 26, 2013 between 10:30 a.m. and 12:00 p.m. revealed the following areas failed to have the proper air flow: 1. 1st floor utility room has no negative air flow. 2. 1st floor clean linen room has no positive air flow. 3. 2nd floor clean linen room has no positive air flow.	N 848	**N848** **1. 1st floor utility room will have an exhaust fan Installed for negative air flow.** **2. 1st floor clean linen room will not be used and A linen cart will be used to provide linen to first floor.** **3. 2nd floor clean linen room will have a vent run for positive air flow to be provided.**	5-11-13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Rita Griffin

TITLE: Administrator

(X6) DATE: 4-15-2013